



HEALTH ANNUAL STATEMENT
FOR THE YEAR ENDED DECEMBER 31, 2021
OF THE CONDITION AND AFFAIRS OF THE
Priority Health

NAIC Group Code 3383 3383 NAIC Company Code 95561 Employer's ID Number 38-2715520
(Current) (Prior)

Organized under the Laws of Michigan, State of Domicile or Port of Entry MI

Country of Domicile United States of America

Licensed as business type: Health Maintenance Organization

Is HMO Federally Qualified? Yes [] No [X]

Incorporated/Organized 03/07/1986 Commenced Business 10/15/1986

Statutory Home Office 1231 East Beltline NE, Grand Rapids, MI, US 49525-4501
(Street and Number) (City or Town, State, Country and Zip Code)

Main Administrative Office 1231 East Beltline NE
(Street and Number)
Grand Rapids, MI, US 49525-4501, 616-464-8931
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Mail Address 1231 East Beltline NE, Grand Rapids, MI, US 49525-4501
(Street and Number or P.O. Box) (City or Town, State, Country and Zip Code)

Primary Location of Books and Records 1231 East Beltline NE
(Street and Number)
Grand Rapids, MI, US 49525-4501, 616-464-8131
(City or Town, State, Country and Zip Code) (Area Code) (Telephone Number)

Internet Website Address www.priorityhealth.com

Statutory Statement Contact Ryan Babiak, 616-464-0474
(Name) (Area Code) (Telephone Number)
ryan.babiak@spectrumhealth.org, 616-942-7916
(E-mail Address) (FAX Number)

OFFICERS

President / Chief Executive Officer Praveen Gope Thadani # Secretary Kimberly Lynn Thomas

Treasurer / Chief Financial Officer Nicholas Patrick Gates #

OTHER

DIRECTORS OR TRUSTEES		
<u>Doug Paul Baker</u>	<u>Matthew Elson Cox</u>	<u>Christina Michelle Freese Decker</u>
<u>Doug Allen Dozeman #</u>	<u>Ann Mutzabaugh Harten</u>	<u>Birgit Maria Klohs</u>
<u>Rajesh Ujamlal Kothari</u>	<u>Edwin Anders Ness</u>	<u>Ora Hirsch Pescovitz #</u>
<u>Paul Gerald Saginaw</u>	<u>Michael Frederic Sytsma</u>	<u>Praveen Gope Thadani #</u>
<u>Alicia Margarita Torres</u>	<u>Michael Butler Verhulst</u>	<u>Wendy Hansen Walker</u>
<u>Elaine Coston Wood</u>		

State of Michigan SS
County of _____

The officers of this reporting entity being duly sworn, each depose and say that they are the described officers of said reporting entity, and that on the reporting period stated above, all of the herein described assets were the absolute property of the said reporting entity, free and clear from any liens or claims thereon, except as herein stated, and that this statement, together with related exhibits, schedules and explanations therein contained, annexed or referred to, is a full and true statement of all the assets and liabilities and of the condition and affairs of the said reporting entity as of the reporting period stated above, and of its income and deductions therefrom for the period ended, and have been completed in accordance with the NAIC Annual Statement Instructions and Accounting Practices and Procedures manual except to the extent that: (1) state law may differ; or, (2) that state rules or regulations require differences in reporting not related to accounting practices and procedures, according to the best of their information, knowledge and belief, respectively. Furthermore, the scope of this attestation by the described officers also includes the related corresponding electronic filing with the NAIC, when required, that is an exact copy (except for formatting differences due to electronic filing) of the enclosed statement. The electronic filing may be requested by various regulators in lieu of or in addition to the enclosed statement.

Praveen Gope Thadani Nicholas Patrick Gates Kimberly Lynn Thomas
President Treasurer Secretary

Subscribed and sworn to before me this _____ day of _____

a. Is this an original filing? Yes [X] No []
b. If no,
1. State the amendment number.....
2. Date filed
3. Number of pages attached.....

EXHIBIT 2 - ACCIDENT AND HEALTH PREMIUMS DUE AND UNPAID

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

EXHIBIT 3 - HEALTH CARE RECEIVABLES

1 Name of Debtor	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	7 Admitted
Express Scripts	35,704,985	27,200,163	27,028,904	17,274,908	17,274,908	89,934,052
0199998. Aggregate Pharmaceutical Rebate Receivables Not Individually Listed	635,913	635,913	635,913	2,952,567	2,952,567	1,907,738
0199999. Total Pharmaceu t ical Rebate Receivables	36,340,898	27,836,076	27,664,817	20,227,475	20,227,475	91,841,790
0299998. Aggregate Claim Overpayment Receivables Not Individually Listed	1,688,307	1,069,359	971,156			3,728,821
0299999. Total Claim Overpayment Receivables	1,688,307	1,069,359	971,156	0	0	3,728,821
0399998. Aggregate Loans and Advances to Providers Not Individually Listed						
0399999. Total Loans and Advances to Providers	0	0	0	0	0	0
0499998. Aggregate Capitation Arrangement Receivables Not Individually Listed						
0499999. Total Capitation Arrangement Receivables	0	0	0	0	0	0
0599998. Aggregate Risk Sharing Receivables Not Individually Listed	16,374,381					16,374,381
0599999. Total Risk Sharing Receivables	16,374,381	0	0	0	0	16,374,381
0699998. Aggregate Other Health Care Receivables Not Individually Listed	2,292,107	2,294,807	2,294,807	2,382,891	2,382,891	6,881,722
0699999. Total Other Health Care Receivables	2,292,107	2,294,807	2,294,807	2,382,891	2,382,891	6,881,722
0799999 Gross health care receivables	56,695,693	31,200,242	30,930,780	22,610,366	22,610,366	118,826,714

EXHIBIT 3A - ANALYSIS OF HEALTH CARE RECEIVABLES COLLECTED AND ACCRUED

Type of Health Care Receivable	Health Care Receivables Collected or Offset During the Year		Health Care Receivables Accrued as of December 31 of Current Year		5	6
	1 On Amounts Accrued Prior to January 1 of Current Year	2 On Amounts Accrued During the Year	3 On Amounts Accrued December 31 of Prior Year	4 On Amounts Accrued During the Year	Health Care Receivables from Prior Years (Columns 1 + 3)	Estimated Health Care Receivables Accrued as of December 31 of Prior Year
1. Pharmaceutical rebate receivables	90,905,639	221,513,663		112,069,263	90,905,639	85,429,208
2. Claim overpayment receivables	2,724,930			3,728,821	2,724,930	2,724,930
3. Loans and advances to providers					0	0
4. Capitation arrangement receivables					0	0
5. Risk sharing receivables				16,374,381	0	0
6. Other health care receivables.....	6,938,683	18,033,095		9,264,612	6,938,683	6,853,168
7. Totals (Lines 1 through 6)	100,569,252	239,546,758	0	141,437,077	100,569,252	95,007,306

Note that the accrued amounts in Columns 3, 4, and 6 are the total health care receivables, not just the admitted portion.

EXHIBIT 4 - CLAIMS UNPAID AND INCENTIVE POOL, WITHHOLD AND BONUS (Reported and Unreported)

[illegible]

EXHIBIT 5 - AMOUNTS DUE FROM PARENT, SUBSIDIARIES AND AFFILIATES

1 Name of Affiliate	2 1 - 30 Days	3 31 - 60 Days	4 61 - 90 Days	5 Over 90 Days	6 Nonadmitted	Admitted	
						7 Current	8 Non-Current
Priority Health Insurance Company188,845				188,845	
Priority Health Managed Benefits10,650,368				10,650,368	
Total Health Care, Inc.8,438,718				8,438,718	
Spectrum Health1,622,586				1,622,586	
0199999. Individually listed receivables	20,900,517	0	0	0	0	20,900,517	0
0299999. Receivables not individually listed							
0399999 Total gross amounts receivable	20,900,517	0	0	0	0	20,900,517	0

EXHIBIT 6 - AMOUNTS DUE TO PARENT, SUBSIDIARIES AND AFFILIATES

23

Payment Method	1 Direct Medical Expense Payment	2 Column 1 as a % of Total Payments	3 Total Members Covered	4 Column 3 as a % of Total Members	5 Column 1 Expenses Paid to Affiliated Providers	6 Column 1 Expenses Paid to Non-Affiliated Providers
Capitation Payments:						
1. Medical groups	94,463	0.0	51,903	7.8	94,463	
2. Intermediaries	0	0.0		0.0		
3. All other providers	5,060,325	0.1	3,614,518	540.9	5,060,325	
4. Total capitation payments	5,154,788	0.1	3,666,421	548.7	5,154,788	0
Other Payments:						
5. Fee-for-service	189,342,720	4.9	XXX	XXX		189,342,720
6. Contractual fee payments	2,637,736,700	68.5	XXX	XXX	2,637,736,700	
7. Bonus/withhold arrangements - fee-for-service	0	0.0	XXX	XXX		
8. Bonus/withhold arrangements - contractual fee payments	1,017,145,490	26.4	XXX	XXX	1,017,145,490	
9. Non-contingent salaries	0	0.0	XXX	XXX		
10. Aggregate cost arrangements	0	0.0	XXX	XXX		
11. All other payments	0	0.0	XXX	XXX		
12. Total other payments	3,844,224,910	99.9	XXX	XXX	3,654,882,190	189,342,720
13. TOTAL (Line 4 plus Line 12)	3,849,379,698	100%	XXX	XXX	3,660,036,978	189,342,720

EXHIBIT 7 - PART 2 - SUMMARY OF TRANSACTIONS WITH INTERMEDIARIES

1	2	3	4	5	6
NAIC Code	Name of Intermediary	Capitation Paid	Average Monthly Capitation	Intermediary's Total Adjusted Capital	Intermediary's Authorized Control Level RBC
	NONE				
9999999 Totals			xxx	xxx	xxx

Exhibit 8 - Furniture and Equipment Owned

N O N E



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION Priority Health 2. Grand Rapids, MI

NAIC Group Code		BUSINESS IN THE STATE OF		DURING THE YEAR							(LOCATION)	
3383		Michigan		2021							NAIC Company Code	
		Comprehensive (Hospital & Medical)									95561	
		1	2	3	4	5	6	7	8	9	10	
		Total	Individual	Group	Medicare Supplement	Vision Only	Dental Only	Federal Employees Health Benefit Plan	Title XVIII Medicare	Title XIX Medicaid	Other	
Total Members at end of:												
1.	Prior Year	604,853	85,994	317,004	16,159			1,916	183,780			
2.	First Quarter	649,558	109,807	324,274	16,169			1,927	197,381			
3.	Second Quarter	654,762	112,477	325,226	16,414			1,907	198,738			
4.	Third Quarter	662,431	115,504	327,106	16,711			1,914	201,196			
5.	Current Year	668,246	114,278	332,542	16,930			1,756	202,740			
6.	Current Year Member Months	7,859,605	1,330,740	3,916,259	197,019			22,321	2,393,266			
Total Member Ambulatory Encounters for Year:												
7.	Physician	9,317,943	1,105,013	3,246,772	356,063			23,725	4,586,370			
8.	Non-Physician	1,080,554	128,143	376,511	41,291			2,751	531,858			
9.	Total	10,398,497	1,233,156	3,623,283	397,354	0	0	26,476	5,118,228	0	0	
10.	Hospital Patient Days Incurred	501,322	43,126	101,113	20,454			739	335,890			
11.	Number of Inpatient Admissions	68,168	6,506	19,332	2,448			313	39,569			
12.	Health Premiums Written (b)	4,294,262,087	566,300,015	1,600,944,580	36,443,663			11,576,842	2,078,996,987			
13.	Life Premiums Direct	0										
14.	Property/Casualty Premiums Written	0										
15.	Health Premiums Earned	4,292,757,686	566,300,015	1,600,944,580	36,443,663			11,576,842	2,077,492,586			
16.	Property/Casualty Premiums Earned	0										
17.	Amount Paid for Provision of Health Care Services	3,849,379,698	474,614,767	1,424,595,033	29,293,297			11,423,114	1,909,453,487			
18.	Amount Incurred for Provision of Health Care Services	3,870,794,999	495,167,387	1,451,973,605	30,113,788			10,610,670	1,882,929,549			

(a) For health business: number of persons insured under PPO managed care products and number of persons insured under indemnity only products
(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,078,996,987



ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

EXHIBIT OF PREMIUMS, ENROLLMENT AND UTILIZATION (a)

REPORT FOR: 1. CORPORATION

Priority Health

2. Grand Rapids, MI

NAIC Group Code		3383		BUSINESS IN THE STATE OF		Grand Total		DURING THE YEAR		2021		(LOCATION)		NAIC Company Code		95561					
		1		Comprehensive (Hospital & Medical)		4		5		6		7		8		9		10			
				2	3																
		Total		Individual		Group		Medicare Supplement		Vision Only		Dental Only		Federal Employees Health Benefit Plan		Title XVIII Medicare		Title XIX Medicaid		Other	
Total Members at end of:																					
1. Prior Year		604,853		85,994		317,004		16,159		0		0		1,916		183,780		0		0	
2. First Quarter		649,558		109,807		324,274		16,169		0		0		1,927		197,381		0		0	
3. Second Quarter		654,762		112,477		325,226		16,414		0		0		1,907		198,738		0		0	
4. Third Quarter		662,431		115,504		327,106		16,711		0		0		1,914		201,196		0		0	
5. Current Year		668,246		114,278		332,542		16,930		0		0		1,756		202,740		0		0	
6. Current Year Member Months		7,859,605		1,330,740		3,916,259		197,019		0		0		22,321		2,393,266		0		0	
Total Member Ambulatory Encounters for Year:																					
7. Physician		9,317,943		1,105,013		3,246,772		356,063		0		0		23,725		4,586,370		0		0	
8. Non-Physician		1,080,554		128,143		376,511		41,291		0		0		2,751		531,858		0		0	
9. Total		10,398,497		1,233,156		3,623,283		397,354		0		0		26,476		5,118,228		0		0	
10. Hospital Patient Days Incurred		501,322		43,126		101,113		20,454		0		0		739		335,890		0		0	
11. Number of Inpatient Admissions		68,168		6,506		19,332		2,448		0		0		313		39,569		0		0	
12. Health Premiums Written (b)		4,294,262,087		566,300,015		1,600,944,580		36,443,663		0		0		11,576,842		2,078,996,987		0		0	
13. Life Premiums Direct		0		0		0		0		0		0		0		0		0		0	
14. Property/Casualty Premiums Written		0		0		0		0		0		0		0		0		0		0	
15. Health Premiums Earned		4,292,757,686		566,300,015		1,600,944,580		36,443,663		0		0		11,576,842		2,077,492,586		0		0	
16. Property/Casualty Premiums Earned		0		0		0		0		0		0		0		0		0		0	
17. Amount Paid for Provision of Health Care Services		3,849,379,698		474,614,767		1,424,595,033		29,293,297		0		0		11,423,114		1,909,453,487		0		0	
18. Amount Incurred for Provision of Health Care Services		3,870,794,999		495,167,387		1,451,973,605		30,113,788		0		0		10,610,670		1,882,929,549		0		0	

(a) For health business: number of persons insured under PPO managed care products0 and number of persons insured under indemnity only products0

(b) For health premiums written: amount of Medicare Title XVIII exempt from state taxes or fees \$2,078,996,987

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

SCHEDULE S - PART 1 - SECTION 2

Reinsurance Assumed Accident and Health Insurance Listed by Reinsured Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Reinsured	5 Domiciliary Jurisdiction	6 Type of Reinsurance Assumed	7 Type of Business Assumed	8 Premiums	9 Unearned Premiums	10 Reserve Liability Other Than for Unearned Premiums	11 Reinsurance Payable on Paid and Unpaid Losses	12 Modified Coinsurance Reserve	13 Funds Withheld Under Coinsurance
NONE												
9999999 - Totals												

SCHEDULE S - PART 2

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

SCHEDULE S - PART 3 - SECTION 2

Reinsurance Ceded Accident and Health Insurance Listed by Reinsuring Company as of December 31, Current Year

1 NAIC Company Code	2 ID Number	3 Effective Date	4 Name of Company	5 Domi- ciliary Juris- diction	6 Type of Reinsurance Ceded	7 Type of Business Ceded	8 Premiums	9 Unearned Premiums (Estimated)	10 Reserve Credit Taken Other than for Unearned Premiums	Outstanding Surplus Relief		13 Modified Coinsurance Reserve	14 Funds Withheld Under Coinsurance
										11 Current Year	12 Prior Year		
0399999.	Total General Account - Authorized U.S. Affiliates						0	0	0	0	0	0	0
0699999.	Total General Account - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
0799999.	Total General Account - Authorized Affiliates						0	0	0	0	0	0	0
1099999.	Total General Account - Authorized Non-Affiliates						0	0	0	0	0	0	0
1199999.	Total General Account Authorized						0	0	0	0	0	0	0
1499999.	Total General Account - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
1799999.	Total General Account - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
1899999.	Total General Account - Unauthorized Affiliates						0	0	0	0	0	0	0
2199999.	Total General Account - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
2299999.	Total General Account Unauthorized						0	0	0	0	0	0	0
2599999.	Total General Account - Certified U.S. Affiliates						0	0	0	0	0	0	0
2899999.	Total General Account - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
2999999.	Total General Account - Certified Affiliates						0	0	0	0	0	0	0
3299999.	Total General Account - Certified Non-Affiliates						0	0	0	0	0	0	0
3399999.	Total General Account Certified						0	0	0	0	0	0	0
3699999.	Total General Account - Reciprocal Jurisdiction U.S. Affiliates						0	0	0	0	0	0	0
3999999.	Total General Account - Reciprocal Jurisdiction Non-U.S. Affiliates						0	0	0	0	0	0	0
4099999.	Total General Account - Reciprocal Jurisdiction Affiliates						0	0	0	0	0	0	0
4399999.	Total General Account - Reciprocal Jurisdiction Non-Affiliates						0	0	0	0	0	0	0
4499999.	Total General Account Reciprocal Jurisdiction						0	0	0	0	0	0	0
4599999.	Total General Account Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						0	0	0	0	0	0	0
4899999.	Total Separate Accounts - Authorized U.S. Affiliates						0	0	0	0	0	0	0
5199999.	Total Separate Accounts - Authorized Non-U.S. Affiliates						0	0	0	0	0	0	0
5299999.	Total Separate Accounts - Authorized Affiliates						0	0	0	0	0	0	0
5599999.	Total Separate Accounts - Authorized Non-Affiliates						0	0	0	0	0	0	0
5699999.	Total Separate Accounts Authorized						0	0	0	0	0	0	0
5999999.	Total Separate Accounts - Unauthorized U.S. Affiliates						0	0	0	0	0	0	0
6299999.	Total Separate Accounts - Unauthorized Non-U.S. Affiliates						0	0	0	0	0	0	0
6399999.	Total Separate Accounts - Unauthorized Affiliates						0	0	0	0	0	0	0
6699999.	Total Separate Accounts - Unauthorized Non-Affiliates						0	0	0	0	0	0	0
6799999.	Total Separate Accounts Unauthorized						0	0	0	0	0	0	0
7099999.	Total Separate Accounts - Certified U.S. Affiliates						0	0	0	0	0	0	0
7399999.	Total Separate Accounts - Certified Non-U.S. Affiliates						0	0	0	0	0	0	0
7499999.	Total Separate Accounts - Certified Affiliates						0	0	0	0	0	0	0
7799999.	Total Separate Accounts - Certified Non-Affiliates						0	0	0	0	0	0	0
7899999.	Total Separate Accounts Certified						0	0	0	0	0	0	0
82627	06-0839705	09/01/2020	Swiss Reinsurance Life & Health America,	MO	SSL/I	CMM	2,298,331						
82627	06-0839705	09/01/2021	Swiss Reinsurance Life & Health America,	MO	SSL/I	CMM	2,298,331						
8099999.	Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates - Other						4,596,662	0	0	0	0	0	0
8199999.	Total Separate Accounts - Reciprocal Jurisdiction U.S. Affiliates						4,596,662	0	0	0	0	0	0
8499999.	Total Separate Accounts - Reciprocal Jurisdiction Non-U.S. Affiliates						0	0	0	0	0	0	0
8599999.	Total Separate Accounts - Reciprocal Jurisdiction Affiliates						4,596,662	0	0	0	0	0	0
8899999.	Total Separate Accounts - Reciprocal Jurisdiction Non-Affiliates						0	0	0	0	0	0	0
8999999.	Total Separate Accounts Reciprocal Jurisdiction						4,596,662	0	0	0	0	0	0
9099999.	Total Separate Accounts Authorized, Unauthorized, Reciprocal Jurisdiction and Certified						4,596,662	0	0	0	0	0	0
9199999.	Total U.S. (Sum of 0399999, 0899999, 1499999, 1999999, 2599999, 3099999, 3699999, 4199999, 4899999, 5399999, 5999999, 6499999, 7099999, 7599999, 8199999 and 8699999)						4,596,662	0	0	0	0	0	0
9299999.	Total Non-U.S. (Sum of 0699999, 0999999, 1799999, 2099999, 2899999, 3199999, 3999999, 4299999, 5199999, 5499999, 6299999, 6599999, 7399999, 7699999, 8499999 and 8799999)						0	0	0	0	0	0	0
9999999.	Totals						4,596,662	0	0	0	0	0	0

Schedule S - Part 4
N O N E

Schedule S - Part 4 - Bank Footnote
N O N E

Schedule S - Part 5
N O N E

Schedule S - Part 5 - Bank Footnote
N O N E

SCHEDULE S - PART 6

Five Year Exhibit of Reinsurance Ceded Business (\$000 Omitted)

	1 2021	2 2020	3 2019	4 2018	5 2017
A. OPERATIONS ITEMS					
1. Premiums	4,374	2,665	2,613	2,006	1,514
2. Title XVIII - Medicare	223	219	393	195	56
3. Title XIX - Medicaid	0	0	0	0	0
4. Commissions and reinsurance expense allowance					
5. Total hospital and medical expenses	1,139	1,849	1,687	765	1,709
B. BALANCE SHEET ITEMS					
6. Premiums receivable					
7. Claims payable	0	0	0	0	0
8. Reinsurance recoverable on paid losses	242	0	11	799	3,140
9. Experience rating refunds due or unpaid					
10. Commissions and reinsurance expense allowances due					
11. Unauthorized reinsurance offset					
12. Offset for reinsurance with Certified Reinsurers					
C. UNAUTHORIZED REINSURANCE (DEPOSITS BY AND FUNDS WITHHELD FROM)					
13. Funds deposited by and withheld from (F)	0	0	0	0	0
14. Letters of credit (L)	0	0	0	0	0
15. Trust agreements (T)	0	0	0	0	0
16. Other (O)	0	0	0	0	0
D. REINSURANCE WITH CERTIFIED REINSURERS (DEPOSITS BY AND FUNDS WITHHELD FROM)					
17. Multiple Beneficiary Trust			0	0	0
18. Funds deposited by and withheld from (F)			0	0	0
19. Letters of credit (L)			0	0	0
20. Trust agreements (T)			0	0	0
21. Other (O)			0	0	0

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

SCHEDULE S - PART 7

Restatement of Balance Sheet to Identify Net Credit For Ceded Reinsurance

	1 As Reported (net of ceded)	2 Restatement Adjustments	3 Restated (gross of ceded)
ASSETS (Page 2, Col. 3)			
1. Cash and invested assets (Line 12)	1,702,624,233	4,596,663	1,707,220,896
2. Accident and health premiums due and unpaid (Line 15)	67,797,048		67,797,048
3. Amounts recoverable from reinsurers (Line 16.1)	241,749		241,749
4. Net credit for ceded reinsurance	XXX	(4,596,663)	(4,596,663)
5. All other admitted assets (Balance)	142,472,097		142,472,097
6. Total assets (Line 28)	1,913,135,127	0	1,913,135,127
LIABILITIES, CAPITAL AND SURPLUS (Page 3)			
7. Claims unpaid (Line 1)	413,725,773		413,725,773
8. Accrued medical incentive pool and bonus payments (Line 2)	29,806,042		29,806,042
9. Premiums received in advance (Line 8)	42,594,789		42,594,789
10. Funds held under reinsurance treaties with authorized and unauthorized reinsurers (Line 19 first inset amount plus second inset amount)	0		0
11. Reinsurance in unauthorized companies (Line 20 minus inset amount)	0		0
12. Reinsurance with Certified Reinsurers (Line 20 inset amount)			0
13. Funds held under reinsurance treaties with Certified Reinsurers (Line 19 third inset amount)	0		0
14. All other liabilities (Balance)	185,995,628		185,995,628
15. Total liabilities (Line 24)	672,122,232	0	672,122,232
16. Total capital and surplus (Line 33)	1,241,012,898	XXX	1,241,012,898
17. Total liabilities, capital and surplus (Line 34)	1,913,135,130	0	1,913,135,130
NET CREDIT FOR CEDED REINSURANCE			
18. Claims unpaid	0		
19. Accrued medical incentive pool	0		
20. Premiums received in advance	0		
21. Reinsurance recoverable on paid losses	0		
22. Other ceded reinsurance recoverables	(4,596,663)		
23. Total ceded reinsurance recoverables	(4,596,663)		
24. Premiums receivable	0		
25. Funds held under reinsurance treaties with authorized and unauthorized reinsurers	0		
26. Unauthorized reinsurance	0		
27. Reinsurance with Certified Reinsurers	0		
28. Funds held under reinsurance treaties with Certified Reinsurers	0		
29. Other ceded reinsurance payables/offsets	0		
30. Total ceded reinsurance payables/offsets	0		
31. Total net credit for ceded reinsurance	(4,596,663)		

Schedule T - Part 2 - Interstate Compact

N O N E

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

SCHEDULE Y

PART 1A - DETAIL OF INSURANCE HOLDING COMPANY SYSTEM

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16
Group Code	Group Name	NAIC Company Code	ID Number	Federal RSSD	CIK	Name of Securities Exchange if Publicly Traded (U.S. or International)	Names of Parent, Subsidiaries Or Affiliates	Domi-ciliary Loca-tion	Relation-ship to Reporting Entity	Directly Controlled by (Name of Entity/Person)	Type of Control (Ownership, Board, Management, Attorney-in-Fact, Influence, Other)	If Control is Owner-ship Provide Percen-tage	Ultimate Controlling Entity(ies)/Person(s)	Is an SCA Filing Re-quired? (Yes/No)	*
3383	Priority Health	95561	38-2715520	0	0		Priority Health	MI	UDP	Spectrum Health System	Ownership	94.400	Spectrum Health System	NO	1
3383	Priority Health	11520	32-0016523	0	0		Priority Health Choice, Inc.	MI	IA	Munson HealthCare	Ownership	5.600		NO	1
3383	Priority Health	12208	20-1529553	0	0		Priority Health Insurance Company	MI	IA	Priority Health	Ownership	100.000	Spectrum Health System	NO	
3383	Priority Health	95644	38-2018957	0	0		Total Health Care Inc.	MI	IA	Priority Health	Ownership	100.000	Spectrum Health System	NO	
3383	Priority Health	12326	38-3240485	0	0		Total Health Care USA Inc.	MI	IA	Total Health Care Inc.	Ownership	100.000	Spectrum Health System	NO	
3383	Priority Health		84-2310771	0	0		Total Health Care Foundation	MI	NIA	Priority Health	Ownership	0.000	Spectrum Health System	NO	
3383	Priority Health		38-2715520	0	0		PHMB Properties, LLC	MI	NIA	Priority Health	Ownership	100.000	Spectrum Health System	NO	
3383	Priority Health		38-2663747	0	0		Trinity Health Plans	MI	NIA	Priority Health	Ownership	100.000	Spectrum Health System	NO	
3383	Priority Health		38-3085182	0	0		Priority Health Managed Benefits, Inc.	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System	NO	
				0	0		Spectrum Health Grand Rapids	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System	NO	
				0	0		Spectrum Health Big Rapids Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System	NO	
				0	0		Spectrum Health Reed City Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System	NO	
				0	0		Spectrum Health Gerber Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System	NO	
				0	0		Spectrum Health Ludington Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System	NO	
				0	0		Spectrum Health Pennock	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System	NO	
				0	0		Spectrum Health United Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System	NO	
				0	0		Spectrum Health Kelsey Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System	NO	
				0	0		Spectrum Health Zeeland Community Hospital	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System	NO	
				0	0		Spectrum Health Continuing Care	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System	NO	
				0	0		Spectrum Health Medical Group	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System	NO	
				0	0		Spectrum Health Lakeland	MI	NIA	Spectrum Health System	Ownership	100.000	Spectrum Health System	NO	

Asterisk	Explanation
1	Spectrum Health Systems (EIN 38-3382353), Class A Shareholder - 94.5%; Munson Healthcare (EIN 38-1362830), Class B Shareholder - 5.5%

SCHEDULE Y

[illegible]

SCHEDULE Y

[illegible]

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

The following supplemental reports are required to be filed as part of your statement filing unless specifically waived by the domiciliary state. However, in the event that your domiciliary state waives the filing requirement, your response of WAIVED to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below. If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.










		Responses
MARCH FILING		
1.	Will the Supplemental Compensation Exhibit be filed with the state of domicile by March 1?	YES
2.	Will an actuarial opinion be filed by March 1?	YES
3.	Will the confidential Risk-based Capital Report be filed with the NAIC by March 1?.....	YES
4.	Will the confidential Risk-based Capital Report be filed with the state of domicile, if required, by March 1?.....	YES
APRIL FILING		
5.	Will Management's Discussion and Analysis be filed by April 1?	YES
6.	Will the Supplemental Investment Risks Interrogatories be filed by April 1?	YES
7.	Will the Accident and Health Policy Experience Exhibit be filed by April 1?	YES
JUNE FILING		
8.	Will an audited financial report be filed by June 1?	YES
9.	Will Accountant's Letter of Qualifications be filed with the state of domicile and electronically with the NAIC by June 1?	YES

The following supplemental reports are required to be filed as part of your annual statement filing **if your company is engaged in the type of business covered by the supplement. However, in the event that your company does not transact the type of business for which the special report must be filed, your response of NO to the specific interrogatory will be accepted in lieu of filing a "NONE" report and a bar code will be printed below.** If the supplement is required of your company but is not being filed for whatever reason enter SEE EXPLANATION and provide an explanation following the interrogatory questions.

MARCH FILING		
10.	Will the Medicare Supplement Insurance Experience Exhibit be filed with the state of domicile and the NAIC by March 1?	YES
11.	Will the Supplemental Life data due March 1 be filed with the state of domicile and the NAIC?	NO
12.	Will Schedule SIS (Stockholder Information Supplement) be filed with the state of domicile by March 1?.....	NO
13.	Will the actuarial opinion on participating and non-participating policies as required in Interrogatories 1 and 2 on Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
14.	Will the actuarial opinion on non-guaranteed elements as required in Interrogatory 3 to Exhibit 5 to Life Supplement be filed with the state of domicile and electronically with the NAIC by March 1?.....	NO
15.	Will the Medicare Part D Coverage Supplement be filed with the state of domicile and the NAIC by March 1?.....	NO
16.	Will an approval from the reporting entity's state of domicile for relief related to the five-year rotation requirement for lead audit partner be filed electronically with the NAIC by March 1?	NO
17.	Will an approval from the reporting entity's state of domicile for relief related to the one-year cooling off period for independent CPA be filed electronically with the NAIC by March 1?	NO
18.	Will an approval from the reporting entity's state of domicile for relief related to the Requirements for Audit Committees be filed electronically with the NAIC by March 1?	NO
APRIL FILING		
19.	Will the Long-Term Care Experience Reporting Forms be filed with the state of domicile and the NAIC by April 1?	NO
20.	Will the Supplemental Life data due April 1 be filed with the state of domicile and the NAIC?	NO
21.	Will the Supplemental Health Care Exhibit (Parts 1, 2 and 3) be filed with the state of domicile and the NAIC by April 1?	YES
22.	Will the regulator only (non-public) Supplemental Health Care Exhibit's Expense Allocation Report be filed with the state of domicile and the NAIC by April 1?	YES
23.	Will the Life, Health & Annuity Guaranty Association Assessable Premium Exhibit - Parts 1 and 2 be filed with the state of domicile and the NAIC by April 1?	NO

AUGUST FILING		
24.	Will Management's Report of Internal Control Over Financial Reporting be filed with the state of domicile by August 1?	YES
Explanations:		
11.	The data for this supplement is not required to be filed.	
12.	The data for this supplement is not required to be filed.	
13.	The data for this supplement is not required to be filed.	
14.	The data for this supplement is not required to be filed.	
15.	The data for this supplement is not required to be filed.	
16.	The data for this supplement is not required to be filed.	
17.	The data for this supplement is not required to be filed.	
18.	The data for this supplement is not required to be filed.	
19.	The data for this supplement is not required to be filed.	
20.	The data for this supplement is not required to be filed.	
23.	The data for this supplement is not required to be filed.	

Bar Codes:

11.	Life Supplement [Document Identifier 205]	
12.	SIS Stockholder Information Supplement [Document Identifier 420]	
13.	Participating Opinion for Exhibit 5 [Document Identifier 371]	
14.	Non-Guaranteed Opinion for Exhibit 5 [Document Identifier 370]	
15.	Medicare Part D Coverage Supplement [Document Identifier 365]	
16.	Relief from the five-year rotation requirement for lead audit partner [Document Identifier 224]	
17.	Relief from the one-year cooling off period for independent CPA [Document Identifier 225]	
18.	Relief from the Requirements for Audit Committees [Document Identifier 226]	
19.	Long-Term Care Experience Reporting Forms [Document Identifier 306]	

ANNUAL STATEMENT FOR THE YEAR 2021 OF THE Priority Health

SUPPLEMENTAL EXHIBITS AND SCHEDULES INTERROGATORIES

20. Life Supplement [Document Identifier 211]



23. Life, Health & Annuity Guaranty Association Assessable Premium Exhibit -
Parts 1 and 2 [Document Identifier 290]





SUPPLEMENT FOR THE YEAR 2021 OF THE Priority Health
MEDICARE SUPPLEMENT INSURANCE EXPERIENCE EXHIBIT

For The Year Ended December 31, 2021
(To Be Filed by March 1)

FOR THE STATE OF Michigan.....
NAIC Group Code 3383 NAIC Company Code 95561
ADDRESS (City, State and Zip Code) Grand Rapids , MI 49525-4501
Person Completing This Exhibit
Title Telephone Number

1 Compliance with OBRA	2 Policy Form Number	3 Standardized Medicare Supplement Benefit Plan	4 Medicare Select	5 Plan Character- istics	6 Date Approved	7 Date Approval Withdrawn	8 Date Last Amended	9 Date Closed	10 Policy Marketing Trade Name	Policies Issued Through 2018				Policies Issued in 2019; 2020; 2021			
										11 Premiums Earned	Incurred Claims		14 Number of Covered Lives	15 Premiums Earned	Incurred Claims		18 Number of Covered Lives
											12 Amount	13 Percent of Premiums Earned			16 Amount	17 Percent of Premiums Earned	
YES.....	1955.....	A.....	NO.....	.0234000.....	12/02/2009.....			.05/31/2010.....	Priority Health Medigap Plan A.....		0.0.....			0.0.....			
YES.....	1956.....	C.....	NO.....	.0234000.....	12/02/2009.....			.05/31/2010.....	Priority Health Medigap Plan C.....		0.0.....			0.0.....			
YES.....	1957.....	F.....	NO.....	.0234000.....	12/02/2009.....			.05/31/2010.....	Priority Health Medigap Plan F.....		0.0.....			0.0.....			
YES.....	4996-12.....	A.....	NO.....	.0234000.....	10/06/2011.....		12/05/2016.....		Priority Health Medigap Plan A.....		0.0.....	121,144.....	136,542.....	112.7.....	72.....		
YES.....	4997-12.....	D.....	NO.....	.0234000.....	10/06/2011.....				Priority Health Medigap Plan D.....		0.0.....	430,948.....	409,074.....	94.9.....	195.....		
YES.....	4998-12.....	F.....	NO.....	.0234000.....	10/06/2011.....				Priority Health Medigap Plan F.....		0.0.....	20,868,486.....	16,511,091.....	79.1.....	7,614.....		
YES.....	4999-12.....	N.....	NO.....	.0234000.....	10/06/2011.....				Priority Health Medigap Plan N.....		0.0.....	3,239,756.....	2,555,626.....	78.9.....	2,093.....		
YES.....	5000-15.....	G.....	NO.....	.0234000.....	09/18/2014.....				Priority Health Medigap Plan G.....		0.0.....	11,562,579.....	10,340,741.....	89.4.....	6,894.....		
YES.....	2017-0000.....	C.....	NO.....	.0234000.....	09/19/2016.....				Priority Health Medigap Plan C.....		0.0.....	220,750.....	160,713.....	72.8.....	56.....		
0199999. Total Experience on Individual Policies										0	0	0.0	0	36,443,663	30,113,787	82.6	16,924

GENERAL INTERROGATORIES

1. If response in Column 1 is no, give full and complete details
2. Claims address and contact person provided to the Secretary of Health and Human Services as required by 42 U.S.C. 1395ss(c)(3)(E) for this state.

2.1 Address:

2.2 Contact Person and Phone Number:
3. Billing address and contact person for user fees established under 41 U.S.C. 1395u(h)(3)(B).

3.1 Address:

3.2 Contact Person and Phone Number:
4. Explain any policies identified above as policy type "O".